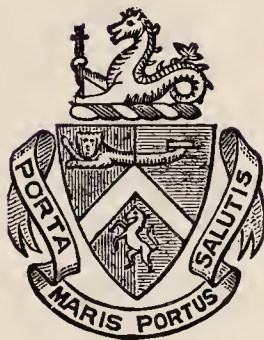




BOROUGH OF MARGATE.



ANNUAL REPORT

OF THE

School Medical Officer

1921.

Margate :
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1922.



To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg herewith to present my Annual Report on the Medical Inspection and Treatment of the Children attending the Elementary Schools for the year ended 31st December, 1921, together with the Report of the School Dentist.

I deeply regret the death of your Ophthalmic Surgeon Dr. Wallis. He was a man of exceptional ability and his loss will be keenly felt by a large circle of friends and patients.

Dr Thomas, his *locum tenens pro. tem.* was able to come to our aid so that we were fortunately able to have all the necessary children examined before the end of the year.

I gratefully acknowledge the cordial support of the Chairman and Members of the Children's Care Committee and the ever willing help and co-operation of the Head Teachers.

I beg to remain,

Ladies and Gentlemen,

Your obedient Servant,

ROWAN McCOMBE,

February, 1922.

School Medical Officer.

REPORT.

STAFF.

The Staff of the School Medical Service consists of myself, as School Medical Officer, Mr. A. J. Haddock, School Dentist (part time), Dr. Wallis, School Oculist, Dr. J. L. Sawers and Dr. F. B. Treves, Surgeons for Operations of Enlarged Tonsils and Adenoids, and Miss Walton, School Nurse. A second nurse is engaged for operations, and the School Medical Officer administers the anæsthetic. Mr. C. J. Pemble, School Attendance Officer.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health and Medical Adviser to the Infant Welfare Centre, so the three branches are intimately co-ordinated.

ELEMENTARY SCHOOLS.

The average number of children on the books of the Elementary Schools in Margate for the year 1921 was 3,454. The average attendance for the same period was 3,097 giving a percentage of 89·6.

School Hygiene.—In my Annual Report for 1914 I gave a fairly comprehensive account of the hygienic condition of the Schools, with various recommendations, most of which have been carried out since that date.

The Sanitary Inspectress visits each School every week and reports to me any nuisance, uncleanness or defect in the sanitary conditions.

This weekly visit has been made the means of keeping the Caretakers up to their work and I am glad to say that no serious complaint was made during the year. Sufficient lavatory basins and towels are provided at all the Schools, except St. James', with a copious water supply for washing and drinking purposes. The lighting, heating and ventilation are satisfactory except for the fact that some of the cloak rooms are not heated, and there is, therefore, no convenience for drying the children's clothes on wet days.

Medical Inspection.—This is carried out on the School premises on Monday and Wednesday afternoons, and is conducted in accordance with the regulations of the Board of Education, which are as follows :—

“As regards the groups of children, Article 58 (b) of the code of regulations for Public Elementary Schools states that ‘the Board must be satisfied that provision has been made for the Medical Inspection of all children admitted to the School in the year ending on the 31st March and of all children

between 12 and 13 years of age, together with children over 13 years of age who have not already been examined after reaching the age of 12. The Board will also require to be satisfied that provision has been made for the Medical Inspection of all children between 8 and 9 years of age.' "

The total number of children examined during the year included in the age groups was 1,004, and in addition 532 were examined as "Specials" or "Ailing" children, making a total of 1,536. The statistical particulars will be shown in Table 1 at the end of the Report.

Enquiries are made from the Head Teachers and School Attendance Officer to ascertain any crippling defects among the children not at School.

With the exception of the Dane Schools, St. Austin's and St. James', the inspections are carried out in one of the Teachers' rooms so that no disturbance of the School arrangements is involved. In the above mentioned schools it is necessary to empty a class room for the purpose.

FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.—This matter has received a great deal of our attention during the year. We get very little help by prosecuting the parents so with the co-operation of the Head Teachers and School Nurse I established an intensive visitation and examination of the children's heads with, I am glad to say, quite satisfactory results. Most of these children were girls of twelve years of age and upwards and quite able to look after their own hair, so we simply insisted upon them getting it free from nits and by perseverance we were in most cases able to do it. It is unfortunate that during the hard work in the season the mothers are not able to look after their children properly and it is consequently after the Summer Holidays when we have the greatest trouble in this respect. It is also difficult to see how this local condition can be remedied.

No arrangements have been made by the Local Authority for the cleansing of children's heads as this is absolutely the duty of the parents, but printed instructions are issued, which if carefully carried out will have the desired effect. One parent was summoned under the Attendance Bye-Laws for not sending her child to School, but as she pleaded guilty to the non-attendance it was not allowed to be put in evidence that the child was excluded from School on account of the dirty condition of her head and the case was dismissed.

The School Nurse paid on an average 16 visits to each School or a total of 128 visits to examine the children for uncleanliness. Several additional visits were made by the Nurse and myself to re-examine the children found with unclean heads. During the year we had 333 individual cases to deal with.

Enlarged Tonsils and Adenoids.—One hundred and fifty three (153) children were found with this condition, seventy nine (79) were recommended for treatment and 74 to be kept under observation. These latter cases are termed “slight” and they are examined on future occasions. If nasal obstruction occurs or the child is constantly suffering from “colds” in the head, deafness or enlarged cervical glands, then an operation is advised.

Tuberculosis.—There were no cases of definite Tuberculosis detected at the Routine Inspections but five (four pulmonary and one non-pulmonary) cases were suspected to be suffering from this disease. They were referred to the Tuberculosis Officer for advice and treatment (see note on treatment).

SKIN DISEASES.

Ringworm.—There were only nine cases of Ringworm of the Head and four cases of Ringworm of the Body, as compared with forty-six and fifteen last year. This is a considerable improvement and in my opinion is largely due to the prompt measures of treatment by the X-Rays. Under the old method of treatment these children would have been absent from school at least twenty-four weeks each child, now they are able to return cured in four or five weeks. It is interesting to record that during 1911 (ten years ago) we had 63 cases of Ringworm under treatment at the School Clinic only 49 of whom were cured by the end of the year with a total loss of attendauce of 5,986 days.

Scabies.—Twenty-nine cases (29). These children were excluded from school and advice given to the parents as to the necessary treatment. They were afterwards re-examined at the Clinic and kept under observation until cured.

Impetigo. Fifty-seven (57) cases. Severe cases were excluded from school and kept under observation.

External Eye Diseases.—Blepharitis, twelve (12) cases; Conjunctivitis, seven (7) cases; Corneal Ulcer, two (2) cases.

Vision.—Seventy-nine (79) children were found to have defective eyesight, and three with Squint. They were all referred to Dr. Wallis for treatment. (See note on Treatment).

Ear Disease and Hearing.—Defective hearing, twenty-one (21) cases; Otitis Media (running ears), fifteen (15) cases. These were all treated at the School Clinic.

Dental Defects.—Fifty nine (59) children were found with carious teeth which ought to have been extracted. They all went to the Clinic for treatment by the School Dentist.

Minor Ailments.—In the foregoing are included most of the cases of what might be termed minor ailments, but there were in addition eleven (11) cases of Bronchial Catarrh, sixty-two (62) of Anaemia, two (2) of Functional Heart Disease, three (3) of Organic Disease of the Heart, and 104 of other diseases or defects. (See Table 11 for statistical particulars).

A large percentage of ailing children are sent to me at the School Clinic by the parents, Teachers, or School Attendance Officer and examined as "Specials," which explains the relatively small number of defective children found on Routine Medical Inspection at the schools.

It should also be noted that the number of ailing children this year is considerably below the average. This is, I think, to a great extent, due to the constant supervision of the children by the Teachers, School Nurse and myself, and to the measures which are taken to ensure prompt treatment.

INFECTIOUS DISEASES.

With the exception of Scarlet Fever and Diphtheria, the number of cases of Infectious Diseases was well below the average. Whooping Cough showed a slight increase towards the end of the year, particularly among the infants.

All these children are visited either by myself or the Sanitary Inspectress, who is a trained nurse. The children are excluded from school for the prescribed period, and also the contacts, certificates to this effect being sent to the Head Teachers and School Attendance Officer. Advantage is also taken of the visit to instruct the parents in the care and proper treatment of the case.

FOLLOWING UP.

The School Nurse always attends and assists at the Medical Inspection. She has therefore first hand knowledge of all the defects. If the parent is not present a visit is paid to the child's home, where the parent is advised to either bring the child to the Clinic in suitable cases or to their own doctor. The child is subsequently seen either at the school or School Clinic and kept under observation until cured or remedied.

MEDICAL TREATMENT.

Minor Ailments.—Practically all the cases of Minor Ailments were treated at the School Clinic by the School Nurse under the supervision of the School Medical Officer.

Tonsils and Adenoids.—Seventy-five cases were recommended and operated upon at the School Clinic. The children come to the Clinic on the morning of the operation, being prepared the evening before according to printed instructions given to the mother by the School Nurse. The operations are performed in the afternoon and the child kept at the Clinic one night. The child is again examined

the following morning by the operating surgeon and I see and examine the child a week hence. I am glad to say all the operations were entirely successful and no untoward ill effects followed.

In addition to the above I had 23 children under observation suffering from Tonsillitis. These cases were treated at home by the parents under the direction of their own Doctors.

Tuberculosis.—Only four (4) children were found to be suspicious of Pulmonary Tuberculosis. These were referred to the Tuberculosis Officer, who has now a Clinic in the town, and were kept under observation and treatment. They are all now practically well and attending school. Also I might mention that the five cases seen last year are attending school. It would seem therefore that Pulmonary Tuberculosis in childhood is fairly rare in Margate. We have only two children at present absent (one is a visitor to the town) from school on account of the disease.

Ringworm.—There were only 13 cases of Ringworm this year. Nine were treated by X-Rays and four by the School Nurse. This is a great improvement on previous years and fully justifies our course of having the children promptly treated. I think it would probably work out that the loss of grant due to non-attendance would almost balance the account for treatment; not to mention the benefit to the child educationally.

Scabies, Impetigo and other Skin Diseases.—Ninety cases under this heading were treated at the School Clinic. Cases of Scabies are really treated by the parents at home, but the children come to the Clinic once a week for examination and the School Nurse takes the advantage of this visit by giving a little extra treatment.

Ear Disease and Hearing.—There were twenty-two (22) children found to be suffering from defective hearing and sent to the School Clinic for further examination. This was chiefly due to wax in the ears and they were all benefited by syringing. Fifteen (15) children were found to be suffering from running ears (Otitis Media). These children are always treated at the Clinic. Eleven were cured by the end of the year and four are still under treatment.

Heart and Circulation.—There are now four (4) children attending school who have Organic Heart Disease. These children are able to attend more or less regularly and they are examined from time to time, never less than at yearly intervals.

The education of these children is somewhat important as, on account of crippling effects of the heart trouble, they are not suited for heavy manual work.

Two (2) children were suffering from Functional Disease of the Heart, due to nervous origin.

Anæmia.—Sixty-two (62) children had Anæmia in a more or less serious form. They all received treatment and were much benefited or cured by the end of the year. I am able through the agency of different Charities to supply Milk, Parrish's Food, Cod Liver Oil, &c. to children in necessitous circumstances. This is much appreciated by the parents.

Eye Disease.—Twenty one (21) cases were referred for treatment chiefly Conjunctivitis and Blepharitis. Most of these children come to the Clinic every few days. When a child fails to turn up the School Nurse visits the house to find out the reason. This has the effect of securing regular and continuous treatment which is most desirable in these rather slight but troublesome cases.

Vision.—Eighty two children were specially examined on account of defective vision as set out in the following table :—

Hypermetropia	29
Myopia	11
Hypermetropic Astigmatism	11
Myopic Astigmatism	4
Mixed Astigmatism	10
Convergent Strabismus	12
Keratitis, Blepharitis, Conjunctivitis	4
Lenticular Opacities	1
	—
	82
	—

Ninety five per cent of the above patients shew a definite error of refraction and only five per cent had inflammatory disease of the eye. Fifty per cent of the total number seen had long-sightedness and squint. Shortsightedness shewed a much smaller percentage. Taken on the whole the physical condition of the patients appeared satisfactory.

These children are referred by the School Medical Officer to the Ophthalmic Surgeon, who in turn examines them at the School Clinic. Every child with squint or unable to read Sn. Type 6/12 is thus sent for special examination, and when spectacles are required they are prescribed. No charge is made to the parents for the examination, but they have, except in necessitous cases, to obtain the spectacles at their own cost.

Spectacles supplied by Parents	70
Spectacles supplied by the Committee	8
Cost to Committee for Glasses	£3-19-0

(See also Table IV B.)

Dental Defects.—The figures in Table IV D (1) and (2) are an abstract of the result of examination and treatment carried out at the School Clinic for the year ended 1921.

The Schools are visited in rotation, the infants—children between the ages of four and seven years—being first examined and charts made out.

After that the Boys' and Girls' Schools are similarly dealt with.

The parents of the children who require treatment are notified that the School Dentist desires to see them at the Clinic and where necessary an explanation is given to the parent of what requires to be done to put the child's mouth in good order.

As far as possible everthing is done to save the children's teeth by filling and treatment, and it is only when conservative methods would be useless that removal is resorted to.

Where there are difficult extractions or are several in the same mouth, as sometimes happens, Dr. McCombe gives the children Nitrous Oxide gas. It is most important that as little pain and inconvenience as is possible should be given to the children if we are to retain their confidence and that of their parents.

The School Nurse is always in attendance and is untiring in her efforts to help and keep the children happy and it is largely due to her help that I see so many happy faces here.

In conclusion I should like to thank the School Teachers who as in the past always give me every help and consideration when I visit a School.

ARTHUR J. HADDOCK. L.D.S. Eng.

Open Air Education.—At present there is no Open Air School available for the education of delicate children or those suffering from crippling defects. During the year I presented a report to the Committee on this subject with plans and specifications for a suitable building, but the time was not considered opportune for incurring any large expenditure so the matter is in abeyance for the present. We would require accommodation for at least 20 children.

EMPLOYED CHILDREN.

During September last I presented the following report on Employed Children to the Children's Care Committee:—

I beg to report that I have recently examined all the children attending the Elementary Schools who were employed. The following table shows the number of children who were employed at the time of the inspection and the nature of their employment.

General Helps	Errand Boys	Paper Boys	Milk Boys	Caddies	Shop Girl	Dreamland and The Rendezvous	Total
23	81	14	6	3	1	3	131

I beg to offer the following remarks as the result of my examination. According to the Bye-Laws a total of 43 children, 10 girls and 33 boys, were illegally employed; generally speaking by working overtime or between school hours. Twenty-four children were under age.

I was of the opinion that the children were all strong and healthy and did not appear to suffer physically from their work, but I understand that some of them were often late for school, dull and sleepy and incapable of receiving proper benefit from their education. I am also of the opinion that the practice of employing boys at Dreamland and The Rendezvous ought to be strenuously opposed as although the work is very light they do not leave off until 11 o'clock and consequently get insufficient sleep.

All the parents of the above children and their employers were warned or interviewed by the School Attendance Officer.

CO-OPERATION OF PARENTS.

A few days previous to the date of Medical Inspection a notice is sent to each parent stating that his child will be medically examined on a certain day. The parents are also asked to return a notice giving certain particulars of the child's health, such as the date of any infectious disease, operation, rupture or other defects. This is noted on the child's inspection card and is a useful guide if the parent is not present.

About 80⁹/₈ of the parents attend the Medical Inspection, notably of the Infants, when practically all the Mothers are present. This is very encouraging to me as it shows how keen an interest they take in their children and how anxious they are to find out if anything is wrong. Any recommendation as to treatment or seeking further advice from their own doctor is always carried out.

CO-OPERATION OF TEACHERS.

The teachers have always and at all times given me every assistance at Medical Inspection. They fill up that part of the Inspection Card relating to the child's height and weight, past illnesses and attendances, help with the weighing of the children and the dressing and undressing, also in sending the children to the Clinic for treatment, and notifying Infectious Diseases; in fact, as I have often stated, the success of the work is largely due to the interest taken in the children by the Head Teachers.

CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICER.

The School Attendance Officer has also rendered me every assistance with the children in sending children to the Clinic, reporting cases of Infectious Diseases, Crippling Defects, &c., &c.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

We have only one partially blind child of school age in the area at the present time. This child was excluded from School and is under treatment. Deaf and Dumb children are sent to the Royal School for Deaf and Dumb Children. Minor cases of Epilepsy are allowed to attend School, but those who have frequent fits are sent to the Lingfield Training Colony.

PROVISION OF MEALS.

I cannot speak too highly of the Children's Dinner Fund for supplying nourishing dinners to the poorer children. The dinner is cooked and served between 12 and 1 o'clock in the New Cross Street Schools, and is supervised by voluntary workers.

The dinners commence directly after the Christmas holidays and are continued until Easter or Whitsuntide, according to the conditions prevailing at the time. The cost to the children is one halfpenny per dinner. On an average 70 children attend the dinners daily. During the year a total of 3,944 dinners were served



TABLE I.

Number of Children Inspected
1st January, 1921, to 31st December, 1921.

A.—Routine Medical Inspection.

Age.	Entrants.					
	3	4	5	6	Other Ages.	Total.
BOYS	3	61	68	42	5	179
GIRLS	1	31	67	39	14	152
<i>Totals</i>	4	92	135	81	19	331

Age.	Inter- mediate Group.	Leavers.					Grand Total.
		8	12	13	14	Other Ages. Total.	
BOYS	180	179	—	—	4	363	542
GIRLS	144	163	—	—	3	310	462
<i>Totals</i>	324	342	—	—	7	673	1,004

B.—Special Inspections.

	Special Cases.	Re-Examination (i.e., No. of Children Re-examined).
BOYS	234	468
GIRLS	298	470
<i>Totals</i>	532	938

C.—Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no Child being counted more than once in one year).

Number of Individual Children Inspected, 1,536

TABLE II.

Return of Defects found in the course of Medical Inspection.

DEFECT OR DISEASE.					Routine Inspections		Specials	
					Number referred for Treatment.	Number required to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition ..	..	..	..	3	—	—	—
	Uncleanliness ..	..	..	..	41	2	82	—
	Head ..	..	..	..	—	—	—	—
	Body ..	..	..	..	—	—	—	—
	Ringworm ..	..	..	..	—	—	9	—
	Head ..	..	..	..	—	—	4	—
	Body ..	..	..	..	—	—	29	—
	Scabies ..	..	..	..	4	—	53	—
	Impetigo ..	..	..	..	1	1	3	—
	Other Diseases (non-Tubercular) ..	..	..	..	—	—	12	—
Eye	Blepharitis ..	..	..	..	—	—	7	—
	Conjunctivitis ..	..	..	..	—	—	—	—
	Keratitis ..	..	..	..	—	—	—	—
	Corneal Ulcer ..	..	..	..	2	—	—	—
	Corneal Opacities ..	..	..	..	—	1	—	—
	Defective Vision ..	..	..	..	34	4	45	—
	Squint ..	..	..	..	3	4	—	—
Ear	Other Conditions ..	..	..	..	—	—	—	—
	Defective Hearing ..	..	..	..	11	1	10	—
	Otitis Media ..	..	..	..	—	—	15	—
	Other Ear Diseases ..	..	..	..	—	—	—	—
Nose and Throat.	Enlarged Tonsils ..	..	..	..	21	65	—	—
	Adenoids ..	..	..	..	6	8	8	—
	Enlarged Tonsils and Adenoids ..	..	..	..	4	1	40	—
	Other Conditions ..	..	..	..	1	1	18	—
Enlarged Cervical Glands (Non-Tubercular) ..					3	—	13	—
Defective Speech ..					1	2	—	—
Teeth—Dental Diseases ..					59	101	—	—
Heart and Circulation	Heart Disease:	..	..	..	—	—	—	—
	Organic ..	..	..	..	3	1	—	—
	Functional ..	..	..	..	1	1	—	—
Lungs	Anæmia ..	..	..	..	12	—	50	—
	Bronchitis ..	..	..	..	11	—	—	—
	Other non-Tubercular Diseases ..	..	..	..	2	1	—	—
	Pulmonary:	..	..	..	—	—	—	—
Tuber- culosis	Definite ..	..	..	..	—	—	—	—
	Suspected ..	..	..	..	4	—	—	—
	Non-Pulmonary:	..	..	..	—	—	—	—
	Glands ..	..	..	..	—	1	1	—
	Spine ..	..	..	..	—	—	—	—
	Hip ..	..	..	..	—	—	—	—
	Other Bones and Joints ..	..	..	..	—	—	—	—
	Skin ..	..	..	..	—	—	—	—
Nervous System	Other Forms ..	..	..	..	—	—	—	—
	Epilepsy ..	..	..	..	1	—	2	—
	Chorea ..	..	..	..	—	—	5	—
Deformities	Other Conditions ..	..	..	..	—	—	—	1
	Rickets ..	..	..	..	—	—	—	—
	Spinal Curvature ..	..	..	..	—	—	—	—
Other Defects and Diseases..					1	4	—	—
Number of <i>Individual Children</i> having Defects which required Treatment or to be kept under Observation ..					207	199	528	4

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1921.

			Boys	Girls	Total	
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools Attending Certified Schools for the Blind Not at School	— — —	— — 1	— — 1	
Deaf and Dumb (including partially Deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools.. .. . Attending Certified Schools for the Deaf Not at School	— 2 —	— 1 —	— 3 —	
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools Attending Certified Schools for Mentally Defective Children Notified to the Local (Control) Authority by Local Education Authority during the year Not at School	— 1 — 1	— — — 1	— 1 — 2	
	Imbeciles.	At School Not at School	— —	— —	— —	
	Idiots.					
	Epileptics.	Attending Public Elementary Schools Attending Certified Schools for Epileptics In Institutions other than Certified Schools.. .. . Not at School	— 1 — —	3 1 1 1	3 2 1 1	
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools.. .. . Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools.. .. . Not at School	— — — 2	— — — —	— — — 2	
	Crippling due to Tuberculosis.	Attending Public Elementary Schools.. .. . Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools.. .. . Not at School	2 — — 2	1 — — 3	3 — — 5	
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> , Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools.. .. . Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools Not at School	4 — — 1	4 — — —	8 — — 1	
	Other Physical Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open-Air Schools ; children suffering from severe heart disease.	Attending Public Elementary Schools Attending Open-Air Schools Attending Certified Schools for Physically Defective Children, other than Open-Air Schools Not at School	6 — — —	6 — — 1	12 — — 1	
	* Dull or Backward.		Retarded 2 years Retarded 3 years	4 29	16 37	20 66

TABLE IV.
Treatment of Defects of Children during 1921.

A.—Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin :—				
Ringworm (Head) ..	9	9	..	9
Ringworm (Body) ..	4	4	..	4
Scabies	29	28	1	29
Impetigo	57	57	..	57
Minor Injuries	46	46	..	46
Other Skin Diseases ..	4	3	1	4
Ear Disease	68	68	..	68
Eye Disease (external and other)	21	2	19	21
Miscellaneous	95	95	..	95
Total	333	312	21	333

B. — Treatment of Visual Defect.

Number of Children—						
Referred for Refraction ..	..	..	..	..	..	82
Submitted to Refraction :—						
Under Local Education Authority's Scheme,						
Clinic or Hospital..	..	..	..	..	..	81
By Private Practitioner or Hospital	..	..	..	..	..	1
Otherwise ..	..	..	..	..	..	..
Total						82
Number of Children—						
For whom Glasses were Prescribed ..	..	..	..	..	..	78
For whom Glasses were Provided ..	..	..	..	..	..	78
Recommended for Treatment other than by						
Glasses ..	..	..	..	..	..	4
Received other Forms of Treatment ..	..	..	..	..	..	4
For whom no Treatment was considered necessary ..	..	..	..	..	..	..

C. — Treatment of Defects of Nose and Throat.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme. Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
98	75	..	75	23

D.—Treatment of Dental Defects.

1.—Number of Children dealt with.

	Age Groups.										“Specials.”	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist ..	158	196	138	142	136	102	108	136	84	42	348	1592
(b) Referred for Treatment ..	901										—	901
(c) Actually Treated ..	673										348	1021
(d) *Re-treated (result of periodical examination) ..	371										—	371

* Included in (c) above.

2.—Particulars of Time Given and of Operations Undertaken.

1.	Number of Half-days devoted to Inspections	..	11
2.	Number of Half-days devoted to Treatment ..	..	161
3.	Total number of Attendances made by the Children at the Clinic.. ..	..	1398
	Number of Permanent Teeth—		
4.	Extracted	..	138
5.	Filled	..	264
	No. of Temporary Teeth—		
6.	Extracted	..	1008
7.	Filled	..	443
8.	Total number of Fillings	..	707
9.	Number of Administrations of General Anæsthetics included in (4) and (6)	..	102
	Number of other Operations—		
10.	Permanent Teeth	..	34
11.	Temporary Teeth.. ..	..	223

TABLE V.
Summary of Treatment of Defects as shown in
Table IV. (A, B, C, D and F, but excluding E.)

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	314	312	2	314
Visual Defects	82	81	1	82
Defects of Nose and Throat ..	98	75	23	98
Dental Defects.. ..	901	901	..	901
Other Defects	182	28	154	182
Total ..	1577	1397	180	1577

TABLE VI.

**Summary relating to children Medically Inspected
at the Routine Inspections during the year 1921.**

(1) The total number of children Medically Inspected at the Routine Inspections *	1004
(2) The number of children in (1) suffering from :—	
Malnutrition	3
Skin Disease	5
Defective Vision (including Squint)	37
Eye Disease	2
Defective Hearing	11
Ear Disease	..
Nose and Throat Disease	32
Enlarged Cervical Glands (non-tubercular)	3
Defective Speech	1
Dental Disease	59
Heart Disease :—	
Organic	3
Functional	1
Anæmia	12
Lung Disease (non-tubercular)	13
Tuberculosis :—	
Pulmonary { definite	..
suspected	4
Non-Pulmonary	..
Disease of the Nervous System	1
Deformities	1
Other defects and diseases	..
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).	197
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.	166
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	166

* "Specials" not included in this table.

